In the United States Patent and Trademark Office

Mailed January 26, 2004

Mail Stop Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

Please file the following enclosed utility patent application papers:

Inventor #1, Name: <u>Adam Licsko</u> Docket #: <u>SS-102U</u>

Title: PERSONAL LOAD BEARING DEVICE

- □ Fee Transmittal form including claim of Small Entity status.
- □ Check for \$ 385 to cover: for filing fee.
- □ Specification, Claims, and Abstract: Nr. of Sheets ___11__
- □ Drawing(s): Nr. of Sheets Enc.: Formal: _____Informal: ____
- □ Declaration(s): Date Signed: <u>January 23, 2004</u>
- □ Power of Attorney
- □ Information Disclosure Statement
- □ Return Receipt Postcard Addressed to Assignee.

Very respectfully,

Michael E. Hoffman Reg #47,656

The Soni Law Firm

55 S. Lake Ave. Suite 720

Pasadena, CA 91101

Phone: 626-683-7600

Fax: 626-683-1199

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

(\$) 385

Effective 10/01/2003. Patent fees are subject to annual revision.

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complete if Known		
Application Number		
Filing Date	January 26, 2004	
First Named Inventor	Adam Licsko	
Examiner Name		
Art Unit		
Attemosy Docket No.	SS-102LI	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
Check Credit card Money Other None 3. ADDITIONAL FEES				
Deposit Account:	Large Entity Small Entity			
Deposit	Fee Fee Fee Fee Description Fee Description Fee Description	'aa Daid		
Account Number	1051 130 2051 65 Surcharge - late filing fee or oath	ee Paid		
Deposit	1052 50 2052 25 Surcharge - late provisional filing fee or			
Account Name	cover sheet			
The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification	-		
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination	$\overline{}$		
Charge any additional fee(s) or any underpayment of fee(s)	1804 920° 1804 920° Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840° 1805 1,840° Requesting publication of SIR after Examiner action			
	1251 110 2251 55 Extension for reply within first month			
FEE CALCULATION	1252 420 2252 210 Extension for reply within second month			
1. BASIC FILING FEE Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month			
Fee Fee Fee Fee Description Fee Paid	1254 1,480 2254 740 Extension for reply within fourth month			
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month			
1002 340 2002 170 Design filing fee 385	1401 330 2401 165 Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 385	1452 110 2452 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional			
` Fee from	1501 1,330 2501 665 Utility issue fee (or reissue)			
Extra Claims below Fee Paid Total Claims 6 -20** = X	1502 480 2502 240 Design issue fee			
Total Claims 6 -20** =	1503 640 2503 320 Plant issue fee			
Claims U - 3" =	1460 130 1460 130 Petitions to the Commissioner			
	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021 40 8021 40 Recording each patent assignment per property (times number of properties)			
1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be			
1204 86 2204 43 ** Reissue independent claims over original patent	examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application			
l	Other fee (specify)			
SUBTOTAL (2) (5) *Reduced by Rasic Filing Fee Paid CUPTOTAL (2) (2) 0				
**or number previously paid, if greater; For Reissues, see above SUBTOTAL (3) (\$) 0				

(Complete (if applicable)) SUBMITTED BY Registration No. Michael E. Hoffman, M.D. J.D. Name (Print/Type) 47,656 Telephone 626-683-7600 Attomey/Agent) Signature January 26, 2004

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